

INFORMATION PAPER

SUBJECT: Pregnancy/Postpartum Physical Training (PPPT) Program

1. Purpose. To describe the concept for a standardized Army PPPT Program.

2. Facts.

a. Throughout the year 2004, 15,703 active duty Soldiers delivered babies, which represented 21.6% of the total women in the Army in September 2004 (Medical Surveillance and Monthly Report, April 2005). The American College of Obstetrics and Gynecology (ACOG) encourages healthy women to exercise moderately for 30 minutes most days of the week throughout pregnancy and postpartum within ACOG guidelines and under the advice of their obstetrician. (Committee Opinion Number 267, January 2002, ACOG, "Exercise During Pregnancy and the Postpartum Period") Exercise during pregnancy and postpartum promotes a faster return to physical fitness levels and prevents excessive body fat gain.

b. Most unit-training personnel are not familiar with leading exercises for pregnant/postpartum Soldiers, nor are they familiar with the ACOG guidelines. Because of this, numerous Soldiers have been left to train on their own or do not train at all. This can be a readiness and morale issue for the Soldier and the unit.

c. The intent of an Army-wide PPPT Program is to provide the senior mission commander, who would have overall responsibility for the program, with a safe, standardized program for pregnant and postpartum Soldiers. A Medical Expert (ME) and Instructor Trainer (IT) would be designated and trained in pregnancy fitness. The ME provides medical oversight and ensures the coordination of health educational classes related to pregnancy/postpartum issues. The IT operates the day-to-day business of the program, collects program evaluation data, and together with the ME, trains Exercise Leaders (ELs) from the units to lead physical training.

d. The standardized PPPT Program developed at the US Army Center for Health Promotion and Preventive Medicine (USACHPPM) is being coordinated for Army-wide implementation. The Program was beta-tested at multiple sites and evaluated according to APFT scores, AR 600-9 pass rate, and various medical outcomes. Data analysis has provided consistent positive results. Personnel at additional sites have received training and data collection will continue voluntarily at the sites where the standardized program is being implemented.

e. The Program comprises a training program with instructional videos, manuals and a training CD for PPPT Program leaders (ME, IT, EL). There is also a Soldier Workbook for the participants. An Implementation Guide provides guidance on establishing and operating a local PPPT consolidated installation program. These materials have received endorsement from

OB/GYN Medical and Nurse Corps Consultants to the Office of the Surgeon General (OTSG) and content safety approval from the US Army Physical Fitness School. Contact the USACHPPM POC regarding PPPT training availability.

f. Additional resources are available on the PPPT website, <http://usachppm.apgea.army.mil/dhpw/Readiness/PPPT> and include:

- 1) A series of PowerPoint presentations containing the critical health education information.
- 2) Special DVDs and a workbook are available for Reserve, National Guard and remote Soldiers with endorsement for use by US Army Reserve and Army National Guard Surgeons. These materials are available to Soldiers after medical clearance has been confirmed.
- 3) Marketing materials, such as brochures, posters, and sample briefings.
- 4) Implementation tools to assist the local PPPT Program personnel.

3. Current Initiatives

a. Staffing of the PPPT Program is currently in progress. In 2002, G-1 Human Resources Directorate became the lead for the Army Family Action Plan Issue #532, Standardized Army-wide Pregnancy Program for Soldiers. PPPT was presented at the Army Family Action Plan General Officer Steering Committee Meeting on 14 November 2006, and retained as an active issue. The goal is for PPPT to be a component of the US Army Physical Fitness Program with mandatory attendance by Soldiers in unit PT after healthcare provider clearance to participate.

b. Active coordination between the USACHPPM/ DHPW, G-1 Human Resources Directorate, G-3 Training Directorate, OTSG Health Policy and Services, and IMCOM continue regarding leader training and organizational responsibility to reduce the barriers to Army-wide implementation.

c. Proposed Program sustainment will be a coordinated effort to provide medical consultation, implementation oversight, and a train-the-trainer program for PPPT leaders.

d. For additional information on the PPPT Program contact: Commander, US Army Center for Health Promotion and Preventive Medicine, ATTN: MCHB-TS-HPR, Pregnancy/Postpartum PT, Aberdeen Proving Ground, MD 21010-5403; Commercial (410) 436-4656, DSN 584-4656, Facsimile (410) 436-7381.

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